

BILL ANALYSIS

Senate Research Center
78R12762 JTS-F

C.S.S.B. 56
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Health and Human Services
5/1/2003
Committee Report (Substituted)

DIGEST AND PURPOSE

Currently, primary care and rural health clinics are closing in part due to a lack of population density to support and sustain a full- or part-time clinic. As a result, these communities suffer from lack of a stable workforce, lack of a full time public health office, and increased need for medical transportation. C.S.S.B. 56 provides coordinated access to public and private healthcare and a model for financial sustainability of those health care delivery sites, particularly in communities of low population density or under served populations.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter C, Chapter 487, Government Code, by adding Section 487.059, as follows:

Section 487.059. COMPREHENSIVE ACCESS POINTS FOR HEALTH CARE. (a) Defines “primary health services provider,” “rural county,” and “rural community.”

(b) Requires the Office of Rural Community Affairs (office), in cooperation with the Texas Department of Health, the Health and Human Services Commission, the statewide rural health care system designated under Chapter 845 (Statewide Rural Health Care System), Insurance Code, public health departments in rural counties, and professional health care associations, to assess the health care needs of each rural community and the pattern of use of health care services in each of those communities.

(c) Requires the agencies to use the information collected under Subsection (b) to collaborate with the rural community to determine a comprehensive access point for health care to coordinate the delivery of health care, including delivery of services offered under the medical assistance program under Chapter 32, Human Resources Code, and the state child health plan under Chapter 62, Health and Safety Code, to residents of the rural community.

(d) Requires each agency listed in Subsection (b) to provide services covered by programs of the agency to residents of rural communities from the comprehensive access points for health care. Requires each agency to implement working arrangements with primary health services providers to work from or through each access point to provide services to residents of the rural communities served by the access point. Requires primary health services providers providing services at an access point to be eligible to serve the residents who are enrolled in certain federal and agency programs.

(e) Requires the office to report to the legislature regarding the efficacy of comprehensive access points for health care as part of the office’s report to the legislature under Section 487.056.

SECTION 2. (a) Requires the office, not later than January 1, 2004, after ensuring approval from local communities, to choose three or four sites to serve as comprehensive access points for health care as required by Section 487.059, Government Code, as added by this Act.

(b) Authorizes the office to designate additional sites as comprehensive access points for health care if the office determines, as reported in its annual report delivered to the legislature on January 1, 2005, that the access points are effective in coordinating health care services to residents of rural counties.

SECTION 3. Effective date: September 1, 2003.